

PART B - FEE(S) TRANSMITTAL

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466 7500 08/27/2009

YOUNG & THOMPSON
 209 Madison Street
 Suite 500
 ALEXANDRIA, VA 22314

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(Depositor's name)
 (Signature)
 (Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/528,024	03/16/2005	Raymond Guyomarich	0624-1008	2740

TITLE OF INVENTION: REGULATING HEAT EXCHANGE AND COOLING METHOD AND SYSTEM FOR MONITORING AND CONTROLLING THE TEMPERATURES OF WALLS SUBJECTED TO HIGH TEMPERATURES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	11/27/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS				
RAHIM, AZIM	3744	062-259400				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address for Change of Correspondence Address form PTO/SB/122 attached.
- "Fee Address" indication or "Fee Address" Indication form PTO/SB/47; Rev 03-02 (or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 - (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 _____
 2. Young & Thompson _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Bio 3D Applications

Paris, France

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

4b. Payment of fee(s): (Please first reapply any previously paid issue fee shown above)

- A check is enclosed.
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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 250120 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

(if necessary)

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Benoit Castel

Date November 27, 2009

Typed or printed name Benoit Castel

Registration No. 35,041

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